

FIG. 1

Login

LoginName

Password

Site Code

FIG. 2

Change Your Password

LoginName	<input type="text"/>
New Password	<input type="text"/>
Confirm Password	<input type="text"/>
Site Code	<input type="text"/>
<input type="button" value="Issue Update"/> / <input type="button" value="Cancel Update"/>	
<hr/> <input type="button" value="Main Menu"/>	

FIG. 3

Main Menu

- | | | | |
|---|--|--|--|
| <ul style="list-style-type: none"> ● Provider <ul style="list-style-type: none"> ○ Assign Provider ○ Progress Notes ○ Users- Providers ○ My Agency ○ Password ○ Login | <ul style="list-style-type: none"> ● FSC <ul style="list-style-type: none"> ○ FSC Assignment ○ Episode Open ○ Team ○ Diagnosis ○ Assessment ○ Crisis ○ Plan Of Care ○ Planned Actions ○ Progress Notes ○ Outcome Measures ○ Episode Close ○ Tickler List ○ Users-FSC ○ Password ○ Login | <ul style="list-style-type: none"> ● Supervisor <ul style="list-style-type: none"> ○ FSC Assignment ○ Episode Open ○ Team ○ Diagnosis ○ Assessment ○ Crisis ○ Plan Of Care ○ Planned Actions ○ Progress Notes ○ Outcome Measures ○ Episode Close ○ Tickler List ○ Users- Supervisor ○ Password ○ Login | <ul style="list-style-type: none"> ● Backup Supervisor <ul style="list-style-type: none"> ○ FSC Assignment ○ Episode Open ○ Team ○ Diagnosis ○ Assessment ○ Crisis ○ Plan Of Care ○ Planned Actions ○ Progress Notes ○ Outcome Measures ○ Episode Close ○ Tickler List ○ Users- Supervisor ○ Password ○ Login |
| <ul style="list-style-type: none"> ● Clinical Supervisor <ul style="list-style-type: none"> ○ FSC Assignment ○ Episode Open ○ Team ○ Diagnosis ○ Assessment ○ Crisis ○ Plan Of Care ○ Planned Actions ○ Progress Notes ○ Outcome Measures ○ Episode Close ○ Tickler List ○ Password ○ Login | <ul style="list-style-type: none"> ● Support Tables (a) <ul style="list-style-type: none"> ○ Behavior ○ De-escalator ○ Diagnosis ○ Discharge Reason ○ Employment ○ Frequency ○ HHSA Region ○ Key Strategy ○ Language ○ Legal Status ○ Living Situation ○ Need ○ Password ○ Login | <ul style="list-style-type: none"> ● Support Tables (b) <ul style="list-style-type: none"> ○ Placement ○ Precipitator ○ Race ○ Referral Reason ○ Referral Source ○ Referral System ○ Refusal Reason ○ Relationship ○ Service ○ Severity ○ Sex ○ Site Location ○ Strength ○ System ○ Target Population ○ Unit Type ○ Password ○ Login | <ul style="list-style-type: none"> ● Financial <ul style="list-style-type: none"> ○ Agency ○ Contracts ○ County Programs ○ County Contracts ○ INSYST Billing ○ Invoices ○ Password ○ Login |

FIG. 4

Signature

Click here for initial FSC signing	<input type="checkbox"/>
FSC	<input type="text"/>
Rejection	<input type="checkbox"/> Reject
Click here for supervisor signing	<input type="checkbox"/>
Supervisor	<input type="text"/>

Issue Add. **Cancel Add.** **Select Client.** **Main Menu.**

FIG. 5

Referral

Client Information

Client Name				Referral Date	
First Mid Last					
Birthdate		SS#			
Sex	<input type="button" value="▼"/>	Race / Ethnicity		Preferred Language	
Address					
City		State	<input type="button" value="▼"/>	Zip	<input type="button" value="▼"/>
Phone Home		Phone Other			

Guardian

Guardian Name					
First Mid Last					
Guardian Address					
City		State	<input type="button" value="▼"/>	Zip	<input type="button" value="▼"/>
Guardian Phone		Work		Other	
Relationship	<input type="button" value="▼"/>	Preferred Language	<input type="button" value="▼"/>		

Eligibility Criteria

Target Population	<input type="button" value="▼"/>	Referring System	<input type="button" value="▼"/>	SB163 Qualifications
HHS/Region	<input type="button" value="▼"/>	Family Readiness	<input type="checkbox"/>	Medi-Cal Eligible
Diagnosis Axis I	<input type="button" value="▼"/>			
Diagnosis Date		Diagnosis Source		

Referral Information

UBH#		Medi-Cal #		CIN #	
Referral Source	<input type="button" value="▼"/>	Referring Person			

Eligibility Determination

Client Information

Client Name				
Birthdate		SS#		Sex
Race / Ethnicity				
Address				
City			State	Zip
Guardian Name				
Guardian Phone		Work		Other

Eligibility Determination

Child Meets Eligibility Requirements/Priorities

Child Does Not Meet Eligibility Requirements/Priorities

Primary Reason	<input checked="" type="checkbox"/>
Recommendation	
Referral to	Referral to Date

FIG. 7

Episode Open

Client Name			
SS#			
Referral Date			
Open Date			
Living Situation At Open			
Legal Status At Open			
Employment Status at Open			
School Placement at Open			
UBH#			

Case #

Eligibility Date

Issue Update **Cancel Update** **Main Menu**

FIG. 8

Team Members

Family/Community Team Members

Full Name	Address	Home Phone	Work Phone	Cell Phone	Relationship	Legal Guardian	Inactive

Name (First, Mid, Last)

Address

City

State

Home Phone

Work Phone

Relationship

Legal Guardian

Store Locally

System Team Members

Full Name	Title	Organization	Address	Phone	Alt. Phone	System	Release	Legal Guardian	Inactive

Name
(First,
Mid,
Last)

Title Agency/Organization

Address

City

State

Zip

Phone

Alt. Phone

System

Release

Legal Guardian

Inactive

Store Locally

FIG. 9A

Service Provider Team Members

Full Name	Agency	Address	Phone	Alt. Phone	Status	Inactive

Provider

Agency

Address

City

State

Zip

Phone

Alt. Phone

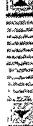
Inactive

Store Locally

FEDERAL EMERGENCY MANAGEMENT AGENCY

FIG. 9B

Diagnosis

Date				
Source				
AXIS I	<input type="button" value="▼"/>			
	<input type="button" value="▼"/>			
	<input type="button" value="▼"/>			
AXIS II	<input type="button" value="▼"/>	<input type="button" value="▼"/>		
	<input type="button" value="▼"/>	<input type="button" value="▼"/>		
	<input type="button" value="▼"/>	<input type="button" value="▼"/>		
AXIS III				
AXIS IV	<input type="button" value="▼"/>	<input type="button" value="▼"/>		
	<input type="button" value="▼"/>	<input type="button" value="▼"/>		
	<input type="button" value="▼"/>	<input type="button" value="▼"/>		
AXIS V	Current GAF	<input type="text"/>	Past GAF	<input type="text"/>
Notes				

Signature

Click here for initial FSC signing

FSC

Rejection Reject

Click here for supervisor signing

Supervisor

FIG. 10

Assessment

Assessment Date

Current Child/Family Information

High Level of Care

Family Readiness

What is the family's long term vision for this child and family?

Significant Cultural Information

What does the family hope to accomplish over the next 6 months?

Behavior(s)

Behavior	Frequency Type	Severity Type	Locale

Presenting Behavior

frequency

severity

Locale (s) In the Home In School In the Community

Family Member/Community Member/Agency/System Information

Team Member -

Priority Child/Family/Community Strengths

Family Member	Strengths	HSC

Family Member

Strength

Locale (s) In the Home In the School In the Community

FIG. 11A

2006 T200 200600

Priority Child/Family/Community Needs

Family Member	Needs	HSC

Family Member

Need

Locale (s) In the Home In the School In the Community

Current Significant Information

Additional Information in the record

Team Member -

Priority Child/Family/Community Strengths

Family Member	Strengths	HSC

Family Member

Strength

Locale (s) In the Home In the School In the Community

Priority Child/Family/Community Needs

Family Member	Needs	HSC

Family Member

Need

Locale (s) In the Home In the School In the Community

Current Significant Information

Additional Information in the record

FIG. 11B

Team Member -		
Priority Child/Family/Community Strengths		
Family Member	Strengths	HSC
Family Member	<input checked="" type="checkbox"/>	
Strength	<input checked="" type="checkbox"/>	
Locale (s)	<input type="checkbox"/> In the Home <input type="checkbox"/> In the School <input type="checkbox"/> In the Community	
<input type="button" value="Store Locally"/> <input type="button" value="Delete Locally"/>		
Priority Child/Family/Community Needs		
Family Member	Needs	HSC
Family Member	<input checked="" type="checkbox"/>	
Need	<input checked="" type="checkbox"/>	
Locale (s)	<input type="checkbox"/> In the Home <input type="checkbox"/> In the School <input type="checkbox"/> In the Community	
<input type="button" value="Store Locally"/> <input type="button" value="Delete Locally"/>		
Current Significant Information		
<input type="text"/>		
Additional Information in the record <input type="checkbox"/>		

Current Diagnosis

Date	<input type="text"/>
Source	<input type="text"/>
AXIS I	<input type="text"/> <input type="text"/> <input type="text"/>
AXIS II	<input type="text"/> <input type="text"/> <input type="text"/>
AXIS III	<input type="text"/> <input type="text"/> <input type="text"/>

FIG. 11C

AXIS IV		
AXIS V	Current GAF	Past GAF
Notes		

System and Family Assessment Summary

What strengths/needs have been identified by the child/family/community/system?

Priority Child/Family/Community Strengths

Up

Down

Priority Child/Family/Community Needs

Up

Down

What strategies will the team use to achieve the family's vision?

<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	

Comments

--	--

Signature

Click here for initial FSC signing	<input type="checkbox"/>
FSC	
Rejection	<input checked="" type="checkbox"/> Reject
Click here for supervisor signing	<input type="checkbox"/>
Supervisor	

Issue Add

Cancel Add

Select Client

Main Menu

FIG. 11D

Crisis Plan

I. Possible Crisis Precipitators

Precipitator	locale

Comments

II. Positive Behavior Intervention Plan on File?

III. Positive De-escalation Techniques

De-escalator	locale

Comments

IV. Home Contact List

Order	Full Name	Relationship	Address	Phone	Alt.Phone	Respite

Comments

FIG. 12A

V. School Contact List

Order	Full Name	Relationship	Address	Phone	Alt.Phone	Respite

Comments

Comments	
----------	---

VI. Community Contact List

Order	Full Name	Relationship	Address	Phone	Alt.Phone	Respite

Comments

Comments	
----------	---

VII. Psychiatric Care

Psychiatrist

Phone	
-------	---

Relevant Medications



Hospitalization Plan

Admitting Doctor

--

Hospital

--

Hospital Phone

--

Screening to Be Completed By

--

Comments



Signature

FSC Signature Date	<input type="text"/>
FSC	<input type="text"/>
Rejection	<input checked="" type="checkbox"/> Reject
Supervisor Signature Date	<input type="text"/>
Supervisor	<input type="text"/>

End Review Select Client Main Menu

Digitized by Sankalpa

FIG. 12C

Plan of Care

Start Date Assessment Date
End Date High Level of Care

County Mental Health Assessment Completed

Family Service Team

Family/Community Team Members

Name	Home Phone	Work Phone	Relationship
------	------------	------------	--------------

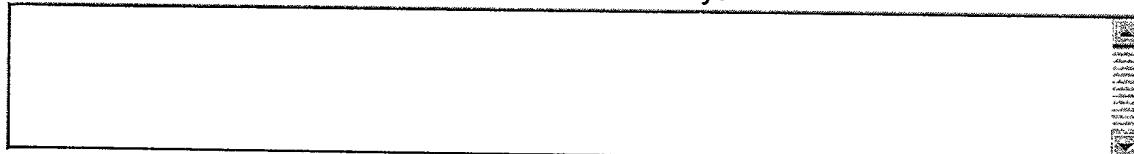
System Team Members

Name	Organization	Phone	Alt. Phone	System
------	--------------	-------	------------	--------

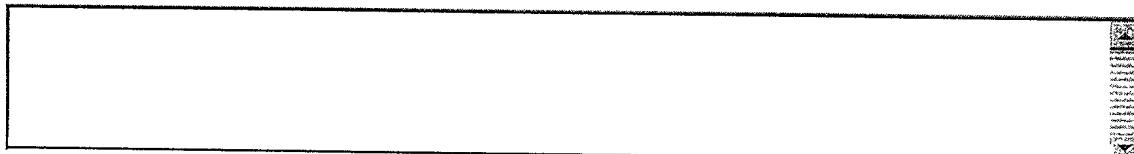
Service Provider Team Members

Name	Home Phone	Work Phone	Relationship
------	------------	------------	--------------

What is the family's long term vision for this child and family?



Significant Cultural Information



What does the family hope to accomplish over the next 6 months?

FIG. 13A

What strategies will the team use to achieve the family's vision?

Strategy 1

Goal Statement

Strengths

Strengths	Count	HSC

Needs

Needs	Count	HSC

Comments

Strategy 2

Goal Statement

Strengths

Strengths	Count	HSC

FIG. 13B

Needs	<table border="1"><thead><tr><th>Needs</th><th>Count</th><th>HSC</th></tr></thead><tbody><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></tbody></table>	Needs	Count	HSC																					
Needs	Count	HSC																							
Comments	<div style="border: 1px solid black; height: 100px; width: 100%;"></div>																								
Strategy 3																									
Goal Statement	<div style="border: 1px solid black; height: 100px; width: 100%;"></div>																								
Strengths	<table border="1"><thead><tr><th>Strengths</th><th>Count</th><th>HSC</th></tr></thead><tbody><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></tbody></table>	Strengths	Count	HSC																					
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Needs	Count	HSC																							
Comments	<div style="border: 1px solid black; height: 100px; width: 100%;"></div>																								

FIG. 13C

Strategy 4	<input type="text"/>															
Goal Statement	<input type="text"/>															
Strengths	<table border="1"><tr><td>Strengths</td><td>Count</td><td>HSC</td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></table>	Strengths	Count	HSC												
Strengths	Count	HSC														
Needs	<table border="1"><tr><td>Needs</td><td>Count</td><td>HSC</td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></table>	Needs	Count	HSC												
Needs	Count	HSC														
Comments	<input type="text"/>															

What behavior(s) will the above goals address?

Behavior	Frequency	Severity	Locale	Frequency	Severity	Locale

Child/Family/Community Supports and Services/Actions

Service/Action	Strength	Need	Strategies

FIG. 13D

2005T200542600560

Comments

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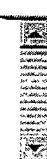


System Services

Service/Action	Strength	Need	Strategies		

Comments

--	--	--	--



Provided Services

Service/Action	Strength	Need	Strategies		

Comments

--	--	--	--



Signature

Click here for initial FSC signing

FSC

--	--

Rejection

Reject

Click here for supervisor signing

Supervisor

--	--

[End Review](#)

[Select Client](#)

[Main Menu](#)

FIG. 13E

Planned Actions

<i>Next Month - August</i>	<i>No Planned Actions</i>	<i>Current Month - July</i>	<i>Complete Planned Actions</i>
<u>Create New Planned Actions</u>			
Modify Planned Actions			
Sign/Reject Planned Actions			
Create New Addendum		<u>Create New Addendum</u>	
Modify Addendum		Modify Addendum	
Sign/Reject Addendum		Sign/Reject Addendum	
Review Planned Actions w/ Addenda		<u>Review Planned Actions w/ Addenda</u>	
Report Planned Actions w/ Addenda		Report Planned Actions w/ Addenda	
<i>Last Month - June</i>	<i>Complete Addendum</i>	<i>Previous Months</i> 	
<u>Create New Addendum</u>			
Modify Addendum			
Sign/Reject Addendum			
<u>Review Planned Actions w/ Addenda</u>		Review Planned Actions w/ Addenda	
<u>Report Planned Actions w/ Addenda</u>		Report Planned Actions w/ Addenda	

Select Client

Main Menu

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FIG. 14

Outcome Measures

	Intake June	1 months July
School		
# Days School Scheduled		
# Days Attended		
# Days Suspended		
# Days Expelled		
GPA		
Grade Advancement / Credits		
Living Situation		
Current Placement	<input type="button" value="▼"/>	<input checked="" type="checkbox"/>
Days in CP		
Alternate Placement	<input type="button" value="▼"/>	<input checked="" type="checkbox"/>
Days in AP		
Behaviors		
# CPS referrals		
# Delinquencies Adjudicated		
POP Completion		
Team Member	<input type="button" value="▼"/>	
CAFAS		
Role performance		
School/Work		
Home		
Community		
Behavior Towards Others		
Moods/Self-Harm		
Moods/Emotion		
Self-Harm Behaviors		
Substance Abuse		
Thinking		
Total:		